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THIS ISSUE

Guideline for Cervical Surgery

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Purpose and Development of the Guideline

This Provider Bulletin contains review criteria that will be used by the department's utilization review vendor to review requests for cervical procedures related to entrapment of a cervical nerve root. The Provider Bulletin also provides a definition of a positive response to a cervical selective nerve root block, and information on smoking cessation prior to cervical fusion.

This medical treatment guideline was developed through collaboration with the Washington State Department of Labor and Industries and the Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspeciality Council. Labor and Industries is solely responsible for coverage decisions that may result from use of this guideline.

This Provider Bulletin becomes effective 07/05/2004.

Literature Review on Cervical Surgery

A review of the current medical literature was conducted for prospective randomized trials of cervical discectomy with, or without, fusion; cervical discectomy with fusion and instrumentation; and the effect of smoking on spinal fusion. Prospective randomized clinical trials concluded there is not a significant difference in long-term outcomes between anterior cervical discectomy and anterior cervical discectomy with fusion.

Smoking has been shown to reduce spine fusion rates due to interference with bone metabolism, revascularization, and suppression of bone formation. One retrospective case study concluded that anterior cervical plating markedly improved cervical fusion rates in smokers. Smoking cessation is recommended prior to spinal fusion.

Definition of a Positive Response to a Selective Nerve Root Block

A selective nerve root block may be considered "positive" if it:

- Initially produces pain in the distribution of the nerve root being blocked, and
- Produces at least 75% reduction in pain for duration consistent with the type of local anesthetic used for the block.

L&I may pay for Smoking Cessation Prior to Cervical Surgery

Under most circumstances the department will not pay for smoking cessation products. An exception to this policy may be made when the Utilization Review (UR) vendor has provided a recommendation for approval of a spine fusion, and the physician has instructed the worker to stop using all tobacco products prior to spine fusion. Prior authorization for smoking cessation products must be obtained from the claim manager. Please see Provider Bulletin 03-13 for complete details.

Utilization Review required for Cervical Surgery

The department's UR vendor will use the Review Criteria for Cervical Surgery for Entrapment of a Single Nerve Root to review all requests for cervical surgery for state fund claims. The current UR vendor is Qualis Health, phone number 1-800-541-2894, and fax number 1-877-665-0383.

Review Criteria for Cervical Surgery for Entrapment of a Single Nerve Root

PROCEDURE	CONSERVATIVE CARE	Clinical Findings		
		SUBJECTIVE	OBJECTIVE	IMAGING
CERVICAL DISCECTOMY LAMINECTOMY LAMINOTOMY FORAMINOTOMY WITH OR WITHOUT FUSION EXCLUDING FRACTURES	AND 6-8 weeks of: Physical therapy OR Medications OR Cervical traction	AND Sensory symptoms in a dermatomal distribution that correlates with involved cervical level (1) OR Positive Spurling test	AND Motor deficit OR Reflex changes OR Positive EMG Changes should correlate with involved cervical level	AND Abnormal imaging that correlates nerve root involvement with subjective and objective findings, on: Myelogram with CT scan OR MRI
	A positive response to Selective Nerve Root Block (2) that correlates with imaging abnormality is required if there are complaints of radicular pain with no motor, sensory, reflex or EMG changes.			

Relative Contraindication: current cigarette smoking. See Provider Bulletin 03-13 for a description of the department's coverage policy on smoking cessation prior to spinal fusion.

Cases to be referred for physician review include:
- Repeat surgery at the same level
- Request for surgery at C3-4 level or above
- Objective findings indicating myelopathy

When requesting authorization for decompression of multiple nerve roots levels, each level is subject to the review criteria.

(1) Sensory deficit, motor weakness, and reflex changes may vary depending on innervation.
- C4-5 disc herniation with compression of C5 nerve root may produce sensory deficit in the lateral upper arm and elbow; motor weakness in the deltoid and variably in the biceps (elbow flexion); and reflex changes variably in the biceps.
- C5-6 disc herniation with compression of the C6 nerve root may produce sensory deficit in the radial forearm, thumb, and index finger; motor weakness in the biceps, forearm supination, and wrist extension; and reflex changes in the biceps and brachioradialis.
- C6-7 disc herniation with compression of the C7 nerve root may produce sensory deficit in the index and middle fingers; motor weakness in the triceps (elbow extension), wrist flexion, and variably in the finger flexors; and reflex changes in the triceps.

(2) A selective nerve root block may be considered "positive" if it:
- Initially produces pain in the distribution of the nerve root being blocked, and
- Produces at least 75% reduction in pain for a duration consistent with the type of local anesthetic used for the block.

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